

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Montgomery  
Township \_\_\_\_\_  
City Montgomery (No. \_\_\_\_\_)

Registration District No. 592  
Primary Registration District No. 4350

File No. 25631  
Registered No. 21  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Mrs. Malvina Baxter**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>F</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Frank Baxter</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Dec 25 th 1860</b>		
7. AGE <b>73</b>	YEARS <b>6</b>	MONTHS <b>23</b>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Home</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) **Gamma Mo**  
(STATE OR COUNTRY)

13. NAME **Hampton Looker**

14. BIRTHPLACE (CITY OR TOWN) **Virginia**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Emily Davis**

16. BIRTHPLACE (CITY OR TOWN) **Bridgeton Mo**  
(STATE OR COUNTRY)

17. INFORMANT **Mrs Ethel Tays**  
(ADDRESS) **Montgomery City Mo**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Montgomery** DATE **7/18/34**

19. UNDERTAKER **C. W. Hopkins**  
(ADDRESS) **Montgomery City Mo**

20. FILED **July 18 1934** **Burt Mendenhall**  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/17/34** 19 **34**

22. I HEREBY CERTIFY, That I attended deceased from **July 17 1934** to **July 17 1934**  
I last saw him alive on **June 20 1934** Death is said to have occurred on the date stated above, at **10 a.m.**  
The principal cause of death and related causes of importance were as follows:

**Mycocarditis - chronic**  
(Had been treated by a physician for several years for this disease)  
Other contributory causes of importance:  
**93C**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify \_\_\_\_\_  
(Signed) **Burt Mendenhall**, M. D.  
(Address) **Montgomery City Mo.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 14 1934

